

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DISPOSABLE SYRINGE WITH RETRACTILE NEEDLE
Attorney Docket Number::	2520-1058
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: FILOMENA
Middle Name::
Family Name:: ZEOLI
Name Suffix::
City of Residence:: SEPINO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA SANTA CHRISTINA 48
Address::
City of Mailing Address:: SEPINO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-86017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: MARIO
Middle Name::
Family Name:: SOZIO
Name Suffix::
City of Residence:: LATINA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA ARMANDO DIAZ 12
Address::
City of Mailing Address:: LATINA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-04100

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT03/00435	7/10/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	CB2002A000005	11/12/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::